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Livelihood & Food Security
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BACKGROUND

The Livelihoods and Food Security Technical Assistance (LIFT) project was initiated by the United States Agency for International Development (USAID) Office of HIV/AIDS (OHA) to provide technical assistance (TA) and strategic support to U.S. government agencies, their implementing partners, and other public, private and civil society partners to improve the food and livelihood security of vulnerable households, with a particular focus on people living with HIV/AIDS (PLHIV), orphans and vulnerable children (OVC), and their caregivers. In addition, LIFT aims to provide global leadership and strategic learning to the field of economic strengthening through development of guidelines, trainings, and other tools to help vulnerable households—and those who serve them—engage in activities that enhance their economic and nutritional security.

Launched in Fiscal Year (FY) 2010 as a five-year Associate Award under the Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support (FIELD-Support) Leaders with Associates (LWA) Cooperative Agreement, LIFT is managed and led by FHI 360 and implemented with the support of CARE International (CARE) and Save the Children USA (SC). The goal of the LIFT project is to build the continuum of care for people living with HIV/AIDS and other vulnerable households by increasing their access to high quality, context appropriate, market-led economic strengthening, livelihood and food security (ES/L/FS) opportunities that improve their economic resilience and lead to better health. An essential component of LIFT's approach is establishing links to integrate economic strengthening and food security as a component of Nutrition Assessment, Counseling and Support (NACS) program approaches.

LIFT meets the customized needs of USAID and other U.S. government agencies by undertaking assessments that provide concrete recommendations for strengthening existing economic ES/L/FS programs as well as identify strategic opportunities for new investments. LIFT works with implementing partners to strengthen their capacity to design and implement livelihood and food security interventions that sustainably improve the economic resilience and health of their beneficiaries. Through these approaches, LIFT aims to heighten the impact and sustainability of investments made by USAID, the President's Emergency Plan for AIDS Relief (PEPFAR), Feed the Future (FTF), the United States Department of Agriculture (USDA), the Centers for Disease Control and Prevention (CDC), and the Peace Corps, as well as local governments, civil society, and the private sector.

ACTIVITIES

1. Global

a. Research, Monitoring and Evaluation (M&E)

LIFT's Research Agenda and Evidence Base Meeting

On November 9, LIFT convened a consultative meeting to present and solicit feedback on LIFT's approach to generating an evidence base for linking NACS clients with ES/L/FS interventions. The meeting took place in November and brought together 18 of LIFT's key stakeholders to define LIFT's vision, discuss upcoming activities related to the roll out of NACS and ES/L/FS integration, and consider the different kinds of data collection and research LIFT can achieve through its dual role as a TA project for ES/L/FS services and as a global technical leader. As a technical assistance project, LIFT can be called upon to provide guidance and build capacity for existing USAID or other existing U.S. government bilaterals. As a global technical leader, LIFT

can provide knowledge management services, convene technical meetings, and conduct research that is relevant to the needs of USAID missions and their implementing partners.

Organizational Network Analysis (ONA)

LIFT continued its discussions with MEASURE Evaluation (MEASURE) on the use of their organizational network analysis (ONA) tool. LIFT envisions that the ONA will be a key component of its initial engagement in selected pilot sites in supported countries as a way to understand existing services and activities related to NACS and ES/L/FS integration within a catchment area. The ONA is also anticipated to provide a baseline measure of client referrals between organizations and the overall strength of the network prior to LIFT's support. LIFT will work with the service providers that make up the network to ensure it is a cohesive structure that has value for all members. For example, one way to engage them is to work with network members to collect data that meets their regular reporting needs so they experience some operational efficiency that makes participation in the network desirable.

MEASURE explained the process that would be jointly undertaken to complete an ONA in a LIFT country, including fulfilling institutional review board (IRB) requirements, customization of tools, data collection and analysis, and sharing findings with the communities. MEASURE developed a budget outlining the key costs associated with conducting the analysis in one country (two sites). During the initial ONA, MEASURE will train the LIFT team on this tool, enabling LIFT to conduct subsequent ONAs independently. During this quarter, LIFT identified Malawi as the top choice for this initial joint endeavor and developed a research protocol for submission to the necessary IRBs. The Democratic Republic of the Congo (DRC) has been identified as the next potential location for a subsequent ONA.

Connections with Broader Research and Learning Partner Community

LIFT partner Save the Children also identified Dr. Sera Lewise Young of Cornell University as a potential research partner. LIFT has contacted Dr. Young and will focus on the potential for collaboration in the next quarter. Dr. Young was identified as a strong potential collaborating partner as she has a grant from National Institutes of Health (NIH) to conduct research around food and nutrition insecurity (F&NI) for HIV positive women and their infants. Dr. Young's research is being conducted in Nyanza province, Kenya, and focuses on assessing F&NI interventions, characterizing the impact of these interventions, and developing multi-sectoral interventions to reduce F&NI to improve health for mothers and their infants.

Engaging the Evaluation Community

LIFT has also begun the process of engaging the broader evaluation community to solicit feedback on the LIFT model and also to foster discussion around how multi-sectoral referral systems can work. LIFT has engaged with members of the Evaluation Society of Kenya, Better Evaluation, the My M&E working group, and the M&E for Development Professionals working group, in addition to the internal FHI 360 evaluation community of practice. LIFT anticipates sharing lessons learned and disseminating research reports to both the American Evaluation Association and the African Evaluation Association in the future.

b. Technical Leadership

Inventory of Tools

LIFT compiled an inventory of ES/L/FS tools to identify knowledge assets that FHI 360, CARE and SC have available to be leveraged in supporting the implementation of LIFT roll out in different countries. After reviewing the comprehensive inventory, LIFT identified a variety of tools and practices for ES/L/FS roll out. The inventory will allow LIFT to expedite

implementation and TA support. To date, LIFT has used SC's situational analysis (SA) tool through adapting and testing it in Malawi. Lessons learned from the application of the SA tool in Malawi will inform additional testing in DRC and Namibia. Given this progress, LIFT intends to canvass its tool inventory more widely, specifically through the Strengthening the Economic Potential of the Ultra Poor (STEP UP) Initiative's proposed wiki website.

Process Flow

A process flow for LIFT's TA activities has also been assembled during this quarter. The process flow will ensure that the program has clear visibility into the implementation support that will be required by LIFT in different countries. LIFT expects that the process flow will also introduce a more systematic and coordinated effort related to roll-out in its first three countries (Malawi, DRC and Namibia). Based on its experience, LIFT will be able to pinpoint distinct and similar characteristics, challenges and needs of each community to develop its country assistance model.

Development/Adaptation of Tools

During the final quarter of FY 2012, LIFT initiated the process of developing new tools to enhance the breadth of TA the project can offer to clients. One such tool is a diagnostic tool that can be used at NACS sites to quickly partition clients' households into the poverty categories of LIFT's framework: provide, protect and promote. The tool aims to decrease the time required to refer clients to appropriate ES/L/FS services while simultaneously collecting a rapid baseline measure of household poverty that can be tracked over time. The diagnostic tool will also include a measure of household food security (most likely using the Household Hunger Scale) to assist LIFT in collecting data for our harmonized food security impact indicators. The development of this tool is very complex, as there are many tools that accomplish a portion of what is required but do not independently comply with all program requirements. Multiple conversations were held with organizations that developed and/or used similar tools to deter the duplication of efforts. The tool itself will be finalized in the next quarter for use in Malawi.

In addition, LIFT worked closely with MEASURE on the development of a protocol for an ONA in Malawi (noted above) that can be adapted to meet LIFT's needs in future contexts. There are notable differences with the ONA in Malawi, as this marks the first time MEASURE has conducted an ONA in a multi-sectoral, rural setting. Previous ONAs in Ethiopia and Thailand focused on referrals within health systems; however, this ONA focuses on the linkage between a health center and community-based ES/L/FS services. Additionally, one client may be eligible for multiple services in different sectors, giving this ONA an added layer of complexity.

LIFT partner SC also adapted their situational analysis methodology to collect contextual information in Malawi's Balaka District. The SA aims to inform all LIFT project work in linking clinics and community-based services and explores seven key themes: (1) national and local policy and legal environment related to ES/L/FS; (2) national and local HIV/AIDS policies and institutional infrastructure; (3) availability of ES/L/FS and health services; (4) access to ES/L/FS services for HIV/AIDS affected and infected households; (5) household demand for ES/L/FS services; (6) community networks and cultural beliefs; and (7) important observations made from speaking with the community. LIFT team member Waddington Chinogwenya and consultant Samuel Bota completed the SA in Balaka District, with special emphasis placed on the catchment area around Kalembo Health Centre in preparation for the ONA in January/February 2013.

Household Economic Strengthening (HES) Training

The LIFT team has developed a standardized one-day training on household economic strengthening (HES). This training is meant to provide technical and program management staff of international and local NGOs with the key concepts, terminology and awareness of HES

approaches and standards of practice so that these practitioners can integrate effective HES into their HIV/OVC programs in addition to strengthening their existing HES programs. The training, which originally took place in Nigeria, is expected to be rolled out into Malawi and DRC.

NACS Partner Coordination

In November, LIFT participated in the third USAID NACS coordination meeting, aimed at enhancing collaboration among nutrition-focused TA and implementing partners Food and Nutrition Technical Assistance III (FANTA), Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING), and the Health Care Improvement Project (HCI). LIFT provided feedback to the group on the project's recent activities, including a joint TDY with FANTA and HCI to Lesotho to lay the groundwork for LIFT activities in country and a recent trip by LIFT team member Gareth Evans to Haiti to represent the project at a NACS meeting. LIFT also gave a brief update on planned trips to Kenya, Malawi, Namibia, Nigeria and Tanzania, as well as an overview of upcoming research activities (notably, the ONA in Malawi).

STEP UP SEEP Group Engagement

LIFT's Technical Director joined the working group and advisory group meetings of SEEP's STEP UP Initiative. The working group discussed how STEP UP will promote cross-learning between financial, enterprise development and human service providers to complement each other's efforts to assist ultra poor households in moving out of poverty. One of the key products under development for the next year is the creation of an Economic Strengthening for the Ultra Poor (ES4UP) wiki site— essentially, a one-stop-shop for resources that will be shared with the larger development community through this knowledge management platform. Following these meetings, the Director participated in a conference call to review the wiki outline and committed to having LIFT lead the initial inventory of tools for the wiki site, expanding its initial work in creating the inventory of partner resources. LIFT also held calls with Catholic Relief Services (CRS) and World Vision to engage them in the inventory process through STEP UP and will continue to reach out to other implementers.

At the STEP UP working group meeting, LIFT delivered a presentation on the tools inventory and process that is envisioned for program roll-out as well as the tools that are currently in development or adaptation. The meeting provided LIFT with an opportunity to engage practitioners and share its learning agenda.

Annual SEEP Conference Workshop

On November 7, LIFT joined with Development Alternatives Inc. (DAI) to deliver a workshop entitled "Effective Economic Strengthening for the Ultra Poor affected by HIV" at the SEEP Annual Conference. The session included a presentation of the LIFT framework followed by a participatory session in which participants reviewed programmatic scenarios and matched them to the appropriate aspects of the LIFT framework. The session was targeted towards program implementers, and its goals were to demystify economic strengthening for HIV-affected households and provide resources and tools to help practitioners consider how they could link their clients to a continuum of care.

TOPS Semi-Annual Meeting

During the TOPS meeting on November 14, LIFT presented its approach and critical next steps associated with operationalizing a NACS ES/L/FS referral network. The project introduced the concepts behind the adaptation of tools, such as the diagnostic tool, ONA, and referral tools and processes, to upgrade provider capacity and help health facilities (e.g., NACS sites) refer clients to appropriate, high quality ES/L/FS service providers in their catchment area. LIFT solicited

feedback on this model, particularly around experience with referral systems from implementing partners in attendance.

c. Knowledge Management and Outreach Strategy

Mission Outreach

Based on a suggestion from the AOR, LIFT developed a menu of services for USAID missions which provides a series of scenarios to quickly help missions identify their current ES/L/FS needs or challenges, corresponding LIFT support, and expected outcomes of the proposed TA. The menu of services will provide LIFT with an additional tool in its engagement with USAID missions, assisting them to visualize how various project strategies can help address country priorities. The menu of services will be tested with the DRC mission during our next TA visit in January 2013.

LIFT website

LIFT was requested by USAID to submit a request to the Legislative and Public Affairs (LPA) Office to ensure that the project could establish its own website. LIFT has been proactively following up on this approval as the project cannot move forward with its website until an approval is issued.

2. Country-specific Activities

a. Namibia

In November, LIFT carried out a TA visit to Namibia to continue discussions around the priorities for the project's support, including supporting systematic, replicable linkages between NACS sites and community ES/L/FS services. The objectives of this trip were to gain stakeholder input to refine LIFT's TA approach, select sites for initial community level work, interview candidates for in-country project support, and begin drafting a work plan for LIFT support in Namibia through March 2013. Through consultations with various stakeholders, such as USAID, Government of Namibia ministries, and local and international NGOs, LIFT refined its strategy to ensure a systemic approach to improving access to ES/L/FS services, focusing on partnerships with sustainable service providers and facilitators in light of significant reductions in USAID and other donor funding in the country.

In addition, LIFT gained a deeper understanding of sustainable ES/L/FS activities and service delivery channels and, in consultation with USAID and the Ministry of Health and Social Services (MOHSS), selected three sites for the project's initial community work. The priority next steps for LIFT include engaging and coordinating with local stakeholders in selected sites, conducting market and situational analyses to inform on LIFT's operating context, supporting national-level government initiatives to improve access and strengthen coordination around ES/L/FS activities in Namibia, and finalizing the recruitment of temporary local project support to carry out these priority activities.

b. Nigeria

LIFT participated in the second meeting of the Nigerian Household Economic Strengthening forum. The forum meeting was organized by PACT, on behalf of LIFT, with Management Sciences for Health (MSH)/Community-based Support for OVC (CUBS) taking the lead role as meeting facilitator. During the meeting, LIFT presented the outline of the proposed ES for OVC toolkit. The forum approved the outline but made several important recommendations, such as requesting that the document provide high-level guidance on available HES concepts and resources rather than directly providing useable tools, and also requested that the term 'orphan'

be replaced to support all ‘vulnerable children.’ LIFT also presented the proposed online portal for discussion and document storage using Google sites. The forum approved the use of the Google sites, given its ease of use, flexibility and low cost.

During the trip, LIFT met with MSH/CUBS to discuss LIFT’s support to the HES forum and additional technical support that might be required. MSH/CUBS requested that LIFT provide examples of documents for establishing communities of practice to encourage member growth and engagement. LIFT provided an example constitution and an outline of roles and responsibilities. MSH/CUBS has also requested LIFT to provide examples of work plans for village savings and loans (VSL) activities which SC has committed to provide in the following quarter along with other documents.

The trip included three meetings with Sola Onafide from USAID/Nigeria’s OVC team to discuss the LIFT work plan and performance management plan as well as the revised project period of performance. LIFT also met with Howard Batson from the economic growth team and provided an overview of the LIFT project and current operations in Nigeria. Mr. Batson recognized the overlap between LIFT’s activities and the upcoming supporting vulnerable household’s solicitation, recently issued, and expressed interest in learning more about LIFT in the future.

LIFT also met with the Country Director of the SPRING project, provided an overview of LIFT’s current activities in Nigeria and discussed future opportunities for collaboration in the implementation of NACS. The discussion was very cordial and LIFT looks forward to working more closely with SPRING in Nigeria.

Additionally, LIFT met with representatives of the Monitoring and Evaluation Management Services (MEMS II) project who provide technical support on M&E to USAID and their implementing partners. MEMS II reviewed the draft performance monitoring plan and provided minimal feedback. They agreed with keeping LIFT’s indicators at the output level for the current period of performance.

c. The Democratic Republic of the Congo (DRC)

During this quarter, LIFT’s subgrantee CARE DRC continued providing on-site TA to PEPFAR partner PATH/ProVIC and selected subgrantees to include in their village savings and lending association (VSLA) programming. The master training-of-trainers workshop on VSLA held in Kinshasa was followed by the development of business plans. The follow-on training and TA has equipped grantees with the knowledge and skills needed to effectively implement these VSLA activities, deliver training to program beneficiaries, and monitor and evaluate these initiatives.

In December LIFT began drafting a memorandum of understanding (MoU) between LIFT and PATH/ProVIC to clearly define roles and expectations for and from each institution. This will be finalized during the next TA trip.

A joint TA trip was planned with Serigne Diene from FANTA but was cancelled last minute due to delays in the recruitment process. Revised dates were finalized and the trip will occur early January 2013.

d. Malawi

During this quarter, LIFT capitalized on the success of the previous joint trip in August 2012, as well as our close working relationship with HCI in Malawi. During a recent TA trip LIFT participated in the HCI-sponsored National Quality Improvement (QI) training, including giving an overview presentation of the LIFT project and anticipated work in Balaka and Karonga Districts. The presentation explained LIFT’s framework to the audience, provided details of how LIFT will engage community-based services in the catchment area of health facilities, and allowed participants to ask questions about LIFT and the project’s work in Malawi. This

presentation was important for the National QI trainees, as they largely come from a health background and may not necessarily have experience in community-based services that target households, let alone how their patients can be most easily be referred to those services.

LIFT met with a number of partners and stakeholders during a TA visit in Malawi from December 2-14 to both maintain relationships and detail LIFT's anticipated work in the country and the region. In Lilongwe, these meetings included Baylor International Pediatric AIDS Initiative (BIPAI), CARE Malawi, the Malawi Ministry of Gender, JHPIEGO, Peace Corps, Partners in Hope, Project Hope, and SC. In Balaka District, meetings were held with Balaka Community Development Office, Balaka District Hospital, Dignitas International, Kalembo Health Centre, Sue Ryder Foundation, Peace Corps, and World Vision.

As noted above, LIFT's partner SC led the creation and testing of a situational analysis tool in Balaka District in early December. This first round of the SA will be used to refine the tool so it is adaptable to any country context and also to ensure that the tool collects adequate information for LIFT to prepare for follow-on TA activities, including the ONA and development (or enhancement) of a referral system.

LIFT received assistance from MEASURE for the development of a protocol to conduct an ONA in Malawi. Based on the preliminary results of the SA and conversations with HCI staff, LIFT selected Kalembo Health Center in northeastern Balaka District as the catchment area for this activity. In order to conduct this analysis, which requires 25-35 interviews with clients of ES/L/FS service providers, LIFT and MEASURE prepared a research protocol for submission to IRBs at FHI 360 and the University of North Carolina.

e. Kenya

In November, LIFT traveled to Kenya to meet with FHI 360 staff, University Research Company (URC), and both USAID/Kenya and USAID/East Africa. LIFT updated the complete team of the Nutrition and HIV Project (NHP) at the FHI 360 offices on planned activities in the region. LIFT's meeting with URC/HCI Chief of Party Dorcas Amolo served to strengthen the collaboration between LIFT and HCI at the country level. LIFT also met with nutrition advisor Ruth Tiampati from USAID/Kenya and nutrition advisor Maina Muthee from USAID/East Africa to present LIFT's anticipated activities in the region and to solicit feedback on LIFT's approach.

f. Tanzania

In December, LIFT was on assignment in the Africa region and took the opportunity to visit USAID/Tanzania and other stakeholders in light of the mission's commitment of NACS acceleration funds and COP funds to the project. The purpose of this visit was to meet with the USAID/Tanzania mission to share information about the LIFT project, gain a preliminary understanding of the mission's priorities for LIFT activities, and begin discussion to shape LIFT's support in Tanzania. The visit also afforded the opportunity to meet with other LIFT partners in-country, FHI 360 and SC, as well as other key stakeholders, such as DAI's IMARISHA project, Africare's FTF nutrition project, Fintrac, and the Tanzania Private Sector Foundation, to discuss LIFT and potential synergies with their activities.

g. Lesotho

In this quarter, LIFT, FANTA and HCI worked on the development of a joint work plan to improve the health and nutritional outcomes for mothers and children affected by HIV in Lesotho. Through repetitive engagement with the USAID/Lesotho, LIFT was able to confirm that the mission does not have any funding for LIFT activities. Therefore, in the next quarter, LIFT will be discussing with FANTA and HCI to better define the extent of LIFT's involvement in Lesotho.

h. Haiti

LIFT participated in a workshop facilitation team to present on community linkages and ES at a SPRING led National NACS Stakeholder Meeting in Haiti. The purpose of the meeting was to (1) orient stakeholders on the basics of NACS; (2) share the findings of the SPRING/Haiti NACS assessment; and (3) recommend areas of opportunity for start-up of NACS and facilitate discussion on next steps. Attendees of the workshop included Haiti National and Department Nutrition directors. LIFT presented alongside UNICEF, WFP, and FHI 360's Community Health and AIDS Mitigation Project (CHAMP) and participated on a panel discussion. The main take away from the workshop was a national strategy for implementing NACS, including community linkages. During the meeting, Dr. Joseline Marhone, Nutrition Director of the Ministry of Public Health and Population, expressed interest in having LIFT active in Haiti.

During the presentations and discussion, it was noted that Haiti is currently redeveloping their community health worker system. The First Lady of Haiti is promoting an integrated approach to nutrition called *Aba Granrou*; this serves as a potential platform from which LIFT can build community linkages.

OPERATIONAL

1. Partners

a. Save the Children (SC)

SC led activities in Nigeria and represented LIFT in Haiti. During this period, SC has continued to be a critical LIFT partner and has actively participated in weekly project meetings and the development of LIFT tools, materials and project deliverables. SC actively participated in the LIFT Evidence Base Meeting held in November and have supported roll-out efforts through the development and pilot testing of the SA tool.

b. CARE

CARE has actively participated in LIFT programming throughout this quarter. CARE was present at the November LIFT Evidence Base Meeting, with Sybil Chidiac attending in person and Laté Lawson participating via phone. CARE participated actively in the VSLA training conducted by LIFT for PEPFAR implementer ProVIC in DRC and has continued to provide strategic technical support, capacity building and oversight to ProVIC and its grantees.

2. Project Administration and Support

a. Staffing

Laura Muzart started with the LIFT project as the Program Manager this quarter. Ms. Muzart will provide both operational and contractual support to the LIFT team.

b. Mickey Leland International Hunger Fellowship

In the previous quarter, LIFT submitted an application to host a Mickey Leland International Hunger Fellow to work on project activities in Malawi as well in Washington, DC. In October, LIFT was notified that the application was accepted in this highly competitive process, though the actual placement of a fellow will depend on the ability to successfully match the skills and interests of a fellow to the needs of the LIFT position. In the next quarter, LIFT anticipates finding out if a fellow has been placed to serve as the Livelihoods and Food Security Coordinator

for LIFT to support the project's operations from the FHI 360 office in Malawi during the first year of service, beginning in September 2013.

3. Deliverables

LIFT prepared and submitted the following deliverables to USAID during the quarter:

- Quarterly Report #12 (FY 2012, Quarter 4)
- Quarterly Accruals Report
- Quarterly Financial Report
- Year 3 Annual Report

Additional Reports Submitted:

- Joint LIFT- FANTA September 2012 DRC Trip Report
- DRC VSLA Training Report
- Joint LIFT-FANTA-HCI Lesotho Trip Report
- Joint LIFT-FANTA-HCI Malawi Activity Report for November 2012
- Nigeria Annual Work Plan
- Draft Nigeria Performance Management Plan

SUCSESSES

During this quarter, LIFT successfully carried out the first situational analysis to understand the operating environment in Malawi's Balaka District, where LIFT plans to begin operations. The findings of the SA are being used to inform the design, implementation, M&E of livelihood assistance, and economic strengthening activities of HIV-affected households. This experience will also inform adaptations and finalization of the tool, which will be rolled out in other country contexts in the next quarter.

LIFT has also started the development of performance monitoring plans for activities in Nigeria in order to document progress towards programmatic targets.

The November Evidence Base Meeting coordinated by LIFT provided a great opportunity for stakeholder engagement and discussion and collaboration on TA priorities, as well as to plan, design and manage further integration between NACS collaborating partners. LIFT will continue to work closely with FANTA, HCI/ASSIST, SPRING, MEASURE, Institute for Healthcare Improvement (IHI) and other nutritional and health systems strengthening partners to build the evidence base for NACS and roll out its integrated activities in selected sites to develop strong demonstrational examples.

LIFT raised its profile through presentations at the SEEP Annual Conference, TOPS Semi-Annual meeting, and STEP UP Initiative working group meeting. Through these presentations, LIFT engaged organizations with multi-sectoral capacity and strong global footprints to connect them with the project and leverage their potential to serve vulnerable populations, especially in high HIV prevalence countries. LIFT will continue to engage these types of organizations through its knowledge management efforts which will seek to fill gaps in information related to economic strengthening and best practices and disseminate new pilot approaches to advance learning and scale up ES/L/FS intervention models.

After prolonged delays within the MOHSS in Namibia, LIFT was able to hold consultative meetings with the MOHSS and USAID, which resulted in agreement on priority activities for LIFT support and selection of sites for the initial community level work, paving the way forward for ongoing project support to the country.

CHALLENGES

LIFT encountered difficulties surrounding integrating or adapting HES activities in existing PEPFAR programs. In the DRC, LIFT advised ProVIC to shift programming away from collective income generating activities (IGA) toward VSLA activities based on a LIFT 2011 assessment. This shift created a number of challenges including securing adequate financial and human resources, transitioning activities in straightforward, efficient manner, and integrating new objectives and activities into existing ProVIC programming. ProVIC also felt that additional TA was needed from LIFT to empower health-focused technical experts to support HES activities.

LIFT also learned the importance of early planning for field data collection activities in order to allow FHI 360's Protection of Human Subject Committee (PHSC) ample time to review data collection protocols. The PHSC is required to review all data collection activities when data are collected from 10 or more people, when there is some risk to human subjects, or when data are collected with the intent they will be used for generalization and publication.

KEY LEARNING

LIFT continued to learn on several fronts through joint project coordination efforts through monthly/quarterly meetings. In Malawi there are monthly phone calls between LIFT, HCI and FANTA to ensure that all programs are aware of what is going on on the ground and there are continual discussions on potential collaboration points. Through these discussions it was identified that during the HCI QI training in Malawi that LIFT should present to the audience.

To best measure LIFT's successes it is important to define activities which LIFT can completely control (e.g TA, assessments, network analysis) and those that are important to the success of LIFT but we are not able to directly control.

A key aspect of LIFT's work as a TA and capacity building partner is to provide low-cost solutions to creating/facilitating linkages rather than comprehensive programs that rely heavily on resources or donor funding. LIFT will conduct activities that result in useful, replicable guidance for NACS and ES/L/FS service providers. These need not be large studies involving complex samples and impact evaluations, and should incorporate existing partner projects to the extent possible.

PLANS FOR NEXT QUARTER

1. Global

a. Joint LIFT/FANTA Learning Event: Harnessing the Power of Cross-Sectoral Programming to Alleviate HIV and Food Insecurity

LIFT is currently planning a learning meeting to be held on March 6, 2013 that will provide practitioners and policymakers with a forum for sharing sound practices for collaborating across health, nutrition, food security, economic strengthening and social protection programs to ensure the best possible outcomes for people living with HIV and food insecurity. The event will highlight NACS as an entry point to cross-sectoral programming.

The primary objectives of the event are to (1) instill the importance of integrated programming as a more effective approach; (2) review the evidence base informing linkages between ES/L/FS and HIV related outcomes; (3) engage practitioners from across sectors to collaborate, especially from

enterprise development, economic strengthening, nutrition, food security, health, OVC, etc.; and (4) promote LIFT among the practitioner community for greater visibility.

b. Technical Global Leadership

LIFT will identify opportunities to demonstrate leadership in the areas of ES/L/FS and linkages to NACS and the continuum of care, including hosting a consultative meeting to develop LIFT's research and learning agenda, and participation in the NACS integration meeting in South Africa planned for March 2013. Country-specific Activities

a. DRC

LIFT is collaborating with USAID/DRC and FANTA to develop a work plan for NACS roll-out, including ES/L/FS integration in two to three selected sites. LIFT plans to travel to DRC in the next quarter to finalize site selection and conduct the SA to inform program planning. LIFT will continue to provide support to ProVIC in implementing VSLA through their grantees and champion communities. LIFT will also provide the one-day HES training to the Ministry of Health, ProVIC implementing partners and other relevant stakeholders. LIFT will finalize a MoU with ProVIC.

b. Nigeria

The LIFT Nigeria work plan has been approved and SC will be leading these activities on behalf of LIFT. Over the course of the next quarter, SC will be developing multiple toolkits for OVCs. Another area of work will be to assess collaboration with SPRING to advance NACS in country.

c. Malawi

LIFT will ensure that coordination with the other NACS TA partners, government contacts, and USAID/Malawi continues in the next quarter. LIFT anticipates completing four activities for Malawi from January to March 2013: (1) conducting an ONA of ES/L/FS service providers in Balaka District in conjunction with MEASURE; (2) once the ONA data analysis is complete, convening a stakeholder meeting in Balaka District to disseminate and discuss the results with the local government and the members of the ES/L/FS network; (3) developing a research protocol to test variations of a household poverty diagnostic tool in Balaka District; and (4) conducting a site development visit to plan activities in Karonga District.

d. Namibia

LIFT plans to finalize recruitment for temporary in-country support to complete high priority activities including beginning community engagement in selected sites, conducting a market and situational analysis, coordinating with the MOHSS on ways to strengthen the health extension worker program and update bi-directional referral tools, and providing input into the national Scaling Up Nutrition implementation plan.

e. Haiti

LIFT plans to travel to Haiti in February 2013 to undertake a joint TDY in collaboration with FANTA and SPRING to assess opportunities to integrate NACS into HIV care and treatment services in Haiti including referrals of NACS clients between health and clinical facilities.